

General Statement

As the nation's prevention agency, the Centers for Disease Control and Prevention (CDC) is responsible for promoting health and quality of life by preventing and controlling disease, injury, and disability. In its half-century of successes working with partners across the nation and the world, CDC has been a leader and pioneer in detecting and investigating health problems, conducting research to enhance prevention, developing and advocating sound health policies, implementing prevention strategies, promoting healthy behaviors, fostering safe and healthy environments, and providing leadership and training in public health. At home and abroad, CDC has consistently recouped the nation's investment, saving lives and dollars.

As part of a global partnership, CDC played a major role in the worldwide eradication of smallpox in 1977 and, as a partner in immunization campaigns, is leading the global effort to eradicate polio.

As our nation approaches the next century, CDC has embarked on efforts to confront new public health challenges. New and drug-resistant forms of infectious diseases now threaten the health of Americans.

Tobacco use causes about one of every five deaths in the United States, costing the country more than \$100

billion annually in medical expenditures and indirect costs. Violence, another highly preventable public health problem, continues to endanger young Americans; homicide is the second leading cause of death for people between the ages of 15 to 24 and the *leading* cause of death for African-Americans in this age group. We must also be prepared to respond quickly to reduce the consequences of biological, chemical, and radiological terrorism.

Finally, the country's public health structure - the people, science, and systems that protect the country from disease - must be strengthened. For example, the country needs an enhanced national surveillance system that can quickly identify infectious disease outbreaks or bioterrorist attacks. A number of CDC's laboratory, office, and scientific support buildings, many of which are more than 30 years old, are outdated and do not provide a safe, up-to-date working environment. Without a national disease monitoring system and a strong laboratory and scientific infrastructure at CDC, the country will not be able to protect its citizens from the deadly threat of infectious diseases and environmental exposures.

CDC established the National Breast and Cervical Cancer Early Detection Program in 1990, a program which delivers critical screening services to underserved women. Through March 1998, CDC provided more than 1.7 million screening tests.

To meet these challenges, CDC has identified four priorities to guide our actions as we move into the 21st century:

- \$ Strengthen Science for Public Health Action
- \$ Collaborate with Health Care Partners for Prevention
- \$ Promote Healthy Living at Every Stage of Life
- \$ Work with Partners to Improve Global Health

CDC requests additional funding that allows the agency to carry out these priorities, and thus meet America's new public health challenges.

Strengthen Science for Public Health Action

CDC is committed to strengthening science for public health action. CDC's scientific endeavors are designed to respond to a clear public health need, and address the nation's and the world's pressing public health problems. CDC will continue to work with partners to build and maintain the public health infrastructure so that cutting-edge science is translated into practical public health programs.

Approximately 85 percent of CDC's Clifton Road Campus laboratory capacity is 35+ years old and lacks modern mechanical, electrical, plumbing, fire and life safety systems.

Unfortunately, America's public health infrastructure--the people, science, and systems that braid together to form a protective bulwark against disease and disability--has weakened. A variety of pressures at federal, state, and local levels over the past two decades have decreased the ability to address current problems and respond to new crises and emerging health threats.

To address this issue, CDC requests funding to complete the following activities:

- \$ construct needed national laboratory facilities to replace the unsafe and antiquated structures currently in use;
- \$ improve public health preparedness at the federal, state, and local levels of government to respond to the threat posed by biological, chemical, or radiological terrorism;
- \$ increase food safety by building a national early warning system for hazards in the food supply;
- \$ build the national and state capacity needed to respond quickly to the threat of emerging infectious diseases;
- \$ develop and implement a national Hepatitis C public information campaign in partnership with medical professionals and public health departments;
- \$ develop a health statistics system for the 21st century that is capable of meeting increased demands for information and that makes data more readily available to users through the Internet and other state-of-the art means;
- \$ fill occupational safety and health research gaps in the National Occupational Research Agenda (NORA), a landmark national consensus on the research needed to control workplace hazards.

These initiatives will allow CDC to strengthen the public health infrastructure so that the agency can translate the latest science into beneficial public programs.

Collaborate with Health Care Partners for Prevention

CDC and those involved in health care delivery--including State and local health departments, academia, medical and managed care organizations, Medicare and Medicaid, and large corporations that buy health care for employees and their families--have similar interests in prevention. This represents a tremendous opportunity to improve health and prevent disease. CDC will capitalize on this opportunity by striving to work with public and private sector partners in carrying out its programs.

As part of this commitment, CDC will engage in the following efforts:

- \$ expand injury prevention research and implement youth violence prevention programs through state and local health departments and medical professionals;

- \$ enhance services to prevent violence against women; discover evaluate and communicate what works; monitor the problem; and lead a national effort to change social norms in partnership with the domestic violence, law enforcement and medical communities;
- \$ establish a Center for Bio-ethics in Research and Health Care at Tuskegee University in collaboration with academia and the medical community;

Promote Healthy Living at Every Stage of Life

It is more important than ever to help avert the burdens of preventable disease and disability, at every stage of life. To do that, CDC must think of people's entire lives, how and where they live and look for points at every stage of life to interject prevention. Given that race, ethnicity, and socioeconomic inequalities correlate with persistent health disparities, it also means that the agency must act to improve the health of undeserved populations.

Research has demonstrated that poor health is not an inevitable consequence of aging and that it is never too late to make healthy lifestyle choices. CDC can play a crucial role in the promotion of healthy living through its national leadership role. As part of this effort, CDC requests funds to carry out the following initiatives:

- \$ expand programs, surveillance, and research efforts aimed at addressing the health problems of racial and ethnic minorities;
- \$ develop a comprehensive tobacco control strategy designed to prevent and reduce tobacco use among youth and adults;
- \$ eliminate syphilis in the United States within the next decade by enhancing surveillance and identifying critical prevention opportunities;
- \$ increase the number of people who know their HIV infection status, particularly among those at high risk for infection and within communities of color; and
- \$ expand vaccinations to include all susceptible children through 18 years of age.

Work with Partners To Improve Global Health

Today, with health disparities among developed, newly developed, and developing nations ever more glaring, and with disease just a plane ride away, CDC must work more closely with global partners to help shape the science, design the policy, and provide the support to promote global public health.

CDC staff extend the horizon of medical science, provide developmental assistance to populations, and serve to protect the health of America's citizens. No other governmental agency offers comparable service to ensure the health of the world's population - thereby protecting the health of American people.

As part of these efforts, CDC requests funding to carry out the following activities:

- \$ lead global polio elimination efforts by targeting immunization and surveillance activities toward war torn countries in Africa;
- \$ disseminate best practices for tobacco control to international partners.

Distinctions between domestic and international health problems are losing their usefulness and are often misleading... The direct interests of the American people are best served when the United States acts decisively to promote health around the world. (Institute of Medicine report, America's Vital Interest in Global Health, 1997)

Public Health National Surveillance System

CDC monitors health status and trends by providing financial support and leadership for the development of public health surveillance systems. Development and implementation of an integrated National Electronic Disease Surveillance System at CDC will begin. This system will collect and analyze epidemiological information on the occurrence of communicable diseases and is a critical missing link in the nation's public health infrastructure.

Examples of CDC supported surveillance systems are: laboratory-based electronic surveillance of infectious diseases in every state to allow for early identification of unusual events and to detect increases by real-time analysis of data from clinical and public health laboratories; and provider-based sentinel

In 1997, laboratory surveillance systems in Colorado identified a food borne outbreak involving hamburger patties contaminated with *E. coli* O157:H7. Twenty-five million pounds of ground beef were recalled, and a potential nationwide outbreak was averted.

networks which are sufficient in number and sensitive enough to detect unusual events. Data from all surveillance systems for infectious and toxic agents are collected, linked and analyzed in real-time (at the time of initial collection) to support early detection of agent releases, exposures, and outbreaks. These various surveillance systems are not independent of one another but combine to form a network of passive and active systems supported by a strong infrastructure collecting health

information from all levels and passing back analyzed data which can take the form of health alerts of a possible outbreak of *E. coli* or a recommendation to increase the emphasis on adult influenza immunization. Funds requested in the FY 2000 budget are essential to maintaining this critical public health effort. Actual requests for funding support for surveillance are found in several places within this overall budget presentation.

The Public Health Response to Terrorism

CDC will provide support to prepare the federal, state and local public health infrastructures to detect and effectively respond to threats posed by bioterrorism. CDC will focus on building upon the essential role that public health plays in the emergency response to terrorism through efforts that: 1) reinforce systems of public health surveillance to ensure rapid detection of unusual outbreaks; 2) build

epidemiologic capacity to investigate and control health threats from such events; 3) enhance public health laboratory capability to diagnose the illness and identify etiologic agents most likely to be used in bioterrorist events; 4)

Public health surveillance systems will be able to rapidly recognize unusual events that may be caused by terrorist uses of infectious or chemical agents.

develop and coordinate communications systems with other government agencies and the general public to disseminate critical information and allay unnecessary fear; and 5) create a special stockpile of pharmaceutical antidotes, antibiotics and/or vaccines that will be readily available in the locations in which they would be needed. This increase of \$118 million is in the Public Health and Social Services Emergency Fund (PHSSEF).

FY 2000 BUDGET REQUEST

CDC is requesting a total program level of \$3,116,163,000 including \$2,820,440,000 in budget authority. The FY 2000 budget request includes program increases of \$252,417,000 in budget and program authority offset by Health Statistics savings created by shifting from budget authority to 1% Evaluation funds (\$26,780,000), a decrease of \$2,717,000 in Physicians-Compensation Allowance for a net increase of \$177,920,000 in budget authority. The budget request of 7,631 FTEs reflects an increase of 109 FTEs above the FY 1999 Appropriation. These additional FTEs are essential to implementation of the programmatic increases reflected in the FY 2000 Budget Request.

Included in this request are increases for fifteen (16) programmatic high priority programs and decreases in four (4) other areas. This budget represents a 6.7 percent increase over the FY 1999 Appropriation. This

request also reflects a program level decrease of \$12,000,000 for the Agency for Toxic Substances and Disease Registry (ATSDR).

The 16 programmatic increases in the FY 2000 budget are as follows:

I. Strengthen Science for Public Health Action (\$94 million and 80FTEs)

Construction of the Clifton Road, Building 17, Phase II, Edward R. Roybal Infectious Disease Research Lab (\$22 million and 0 FTEs)

This critically important lab project was divided into two phases several years ago. Phase I is currently under construction. Phase II construction will cost \$33 million, and will house approximately 128 scientific staff in addition to the 250 scientists housed in Phase I. The scientists will support infectious disease outbreak investigations, emerging infectious disease research, and laboratory systems being developed to respond to bioterrorism. In FY 99, CDC received \$11,000,000 for phase II, leaving a balance of \$22,000,000 to be funded in FY 2000.

PUBLIC HEALTH SURVEILLANCE INITIATIVE

\$65 million (with \$20 million from the PHSSEF) is provided for a new public health electronic disease surveillance initiative at CDC to integrate the surveillance systems used to detect incidents of infectious diseases, foodborne illness, and bioterrorism and consolidate the disparate funding streams for these activities.

The current surveillance systems for infectious diseases, food safety and bioterrorism are largely independent. Furthermore, many local and state health departments do not communicate regularly with the local medical community (e.g., physicians, hospitals, laboratories, and managed care organizations). An individual physician might miss a disease outbreak that a state or local health department epidemiologist could easily detect. This electronic disease network will provide a communication link between the local, state and national public health community and the medical community to improve the ability to rapidly detect communicable diseases.

Bioterrorism Surveillance- Emergency Preparedness and Response (\$20 million and 20 FTEs)

This bioterrorism component of the Infectious Diseases Initiative builds on the epidemiologic and laboratory enhancements for emerging diseases, focusing on targeted bioterrorism and unknown threat agents, including weapons of mass destruction (WMD). It also complements the PHSSEF Bioterrorism Initiative by strengthening surveillance through a national network of State/major metro area laboratories for early identification and characterization of disease outbreaks and by establishing an Emergency Response Unit which can be deployed to provide rapid field assessments in the event of a suspected release of a biological agent.

National Food Safety Initiative (\$10 million and 10 FTEs)

CDC will increase its capacity to identify new foodborne hazards and characterize the risk posed by those hazards, increase the speed with which the presence of hazards in foods can be determined and

The Council for Agricultural Science and Technology has estimated that as many as 9,000 deaths and 6.5 to 33 million illnesses in the United States each year are food related.

controlled, and increase the accuracy and timeliness of public health data needed for food safety control programs. More specifically this initiative will expand the scope of the CDC/FDA/ USDA Active Foodborne Disease Surveillance Program; develop and standardize new and rapid diagnostic techniques and molecular sub-typing (Afingerprinting®) of foodborne pathogens; conduct detailed analyses of the economic impact of foodborne outbreaks; and design distance-based educational and

training programs for foodborne illnesses for school personnel, practicing health professionals and those in training at the State and local levels.

Preventing Emerging Infectious Diseases (\$10 million and 15 FTEs)

CDC will continue to implement programs to build core epidemiology and laboratory capacity domestically by providing financial and technical assistance to 10 additional state and large local health departments for enhanced surveillance and response to emerging diseases. This initiative stresses the need for developing emergency preparedness at all levels of government for an organized, rapid, and effective response in the event of pandemics (global epidemics), such as influenza, and large-scale disease outbreaks or natural disasters. CDC will also focus on the growing problem of antimicrobial resistance by investigating, monitoring, and establishing surveillance for antimicrobial use, resistance, and related risk factors.

To prevent the next influenza pandemic, skilled epidemiologists, strong public health laboratories, and coordinated communications and disease reporting systems will be required.

Hepatitis C. (\$5 million and 5 FTEs)

Chronic liver disease is the tenth leading cause of death among adults in the United States and it is estimated that 40-60% of chronic liver disease is caused by hepatitis C virus (HCV). Approximately 4 million Americans are infected with HCV. Most of these chronically infected persons are not aware of their infection.

CDC will develop and pilot test strategies to identify, test, and refer persons at risk for HCV as part of the *National Prevention and Control Plan for Hepatitis C Virus*. Development and implementation of a national HCV information and education campaign targeted to at-risk populations and health care professionals and implementation of HCV prevention demonstration projects in select high prevalence states or major cities will be initiated.

Hepatitis C virus-related acute and chronic liver disease causes 8,000-12,000 deaths annually and the medical and work loss costs are estimated to exceed \$600 million annually.

Health Statistics for the 21st century (\$15.0 million and 30 FTEs)

CDC will continue to improve its statistical systems to provide information to guide critical health and health policy decisions by adapting existing surveys, improving the underlying methodological and analytic infrastructure, and developing new, targeted data collection mechanisms to meet new data needs. **The National Health Interview Surveys** will be continually adapted to address current data needs, serve as a sampling Anucleus® for integrated health surveys, and will begin the process of a fundamental redesign that will be required as a result of the decennial census. **The National Health and Nutrition Examination Surveys** will continue full field operations with new, state-of-the-art medical and communications technology to improve quality and speed results. **The National Health Care Surveys** will address new approaches to monitoring the health care delivery system, including organizational and financial arrangements of providers, as part of a public/private effort to address major data gaps in this area. Finally, new resources will enable CDC to help States implement a major revision to the international coding system for mortality, and to assist States in moving to electronic systems that will lead to further improvements in quality and timeliness.

National Occupation Research Agenda (\$12.0 million and 0 FTEs)

The National Occupational Research Agenda (NORA), developed with more than 500 public and private partners, represents a landmark national consensus on what research needs to be done to control occupational hazards causing illness, injury, death, and their related economic and social burden. NORA has successfully expanded the breadth of the scientific and academic community now engaged in occupational safety and health. CDC, together with three institutes of NIH, has announced a request for grant applications (RFAs) targeting 11 of 21 NORA priority areas. The challenge now is to support and maintain the renewed interest among academicians in conducting occupational health research. Currently, 15 university-based, academic occupational health Education and Research Centers (ERCs) work with regional business partners to conduct research, training, and outreach. ERCs will work with these partners to develop and evaluate the effectiveness and costs of worksite interventions for small businesses. The programs would then work with CDC and other partners to promote the use of cost-effective interventions.

Each year, occupational hazards inflict 6,500 deaths from injury, 13.2 million nonfatal injuries, 60,300 deaths from disease, and 862,200 illnesses. Work-related illnesses, injuries, and disabilities cost the U.S. more than \$171 billion each year in lost wages, lost productivity, health care and other costs.

II. Collaborate with Health Care Partners for Prevention (\$14.9 million and 7 FTEs)

SAFE U.S.A. (\$1.9 million and 2 FTEs)

CDC will support the expansion of the National Electronic Injury Surveillance System of the Consumer Product Safety Commission to collect information on all traumatic injuries seen in a nationally representative sample of emergency departments. This snapshot of emergency department visits for injuries will supplement existing systems to track deaths and hospitalizations at a national level.

Violence Against Women: Enhancing Services and Changing Social Norms (\$11.0 Million and 4 FTEs)

CDC will provide leadership and the necessary tools to shape significant change by providing more services to women in existing and underserved locations, evaluate existing services as well as the linkages between child welfare/child protective services and the domestic violence service system, conduct biannual surveys of violence against women that would collect detailed information on special populations, such as adolescents, elders, pregnant and working women. CDC will also assess the usability of data from other

More than 85% of the approximately 5,000 girls and women murdered each year are killed by someone they know. More than half the killers are intimate partners: husbands and ex-husbands, boyfriends and former boyfriends.

sources, such as criminal justice data, and work to establish linkages between health, social services, criminal justice, state domestic violence and sexual assault coalition data.

Tuskegee- Center for Bioethics (\$2million and 1 FTE)

As part of the President's apology for the Tuskegee study on May 16, 1997, a commitment was made to establish a Center for Bioethics in

Research and Health Care at Tuskegee University. This initiative will support a public museum and the development of curriculum and related training/outreach materials, as well as securing a director and support staff to operate the Center.

III. Promote Healthy Living at Every Stage of Life (\$ 126.5 million and 31 FTEs)

Demonstrations to Address Health Disparities (\$25.0 million and 15 FTEs)

CDC will support community based research/demonstrations of prevention and service delivery interventions that show promise in eliminating health disparities in the six goal areas shown below. This will enable different racial and ethnic communities to evaluate the effectiveness of science-based interventions that will improve health status at the community level. Model interventions, grounded in emerging research findings, will allow applicants to adapt promising approaches to their specific communities

Approximately 665,000 AIDS cases have been reported to the CDC, and approximately 400,000 people have died.

and health problems. The model interventions that will be examined will be specific to the six disparity reduction goals, and applications will be sought from a diverse

range of communities so that the efficacy of specific interventions can be evaluated in both rural and urban areas, and in different cultural settings. A rigorous evaluation strategy will be employed to assure that policy makers can rely upon the results of these demonstrations to make

decisions about the expansion and/or redesign of the Department's current programs. This initiative is part of a DHHS-wide effort which will contribute to the President's Initiative on Race.

Infant Mortality, Cancer, Organ Disparities, Disease, Diabetes and Urterens, and Child and Adult Immunizations.

Preventing Tobacco Use Nationwide (\$27.0 Million and 7 FTEs)

CDC will provide support in five areas. This will include expanding support to states and local health and education agencies to address tobacco use. CDC will work to: 1) implement best practices and evidence-based approaches learned from the National Cancer Institute's ASSIST, CDC's IMPACT programs, and other state tobacco control programs; 2) support a nationwide public-information campaign to deglamorize tobacco use, especially among young people, and for multiple strategies that address the psychosocial factors related to tobacco use; 3) enhance surveillance systems to monitor tobacco use, especially among youth and special populations; 4) expand research on the health risks of nicotine, additives, and other

Every day, 3,000 young people become regular smokers in the United States.

potentially toxic compounds in tobacco through investigation of additives; and 5) promote public policies that provide a clear message commensurate with the public health harm caused in the United States and worldwide by tobacco use, including policy research and diffusion of best practices globally.

Syphilis Elimination (\$5 million and

CDC will address syphilis elimination in outlined in CDC's report to Congress, from the United States by assisting departments and community level U.S. through a multi-systems include involving communities in the implementation of syphilis elimination plans, enhanced syphilis surveillance, outbreak response preparedness, and identification of critical prevention opportunities (e.g., correctional facilities, drug treatment centers, community based organizations). CDC currently anticipates that it may take a decade to achieve elimination given adequate resources. Syphilis, a relatively rare disease, has the potential of becoming an extremely rare health event in the future.

While the rates for syphilis have declined for all racial and ethnic groups, the 1997 primary and secondary rate for African Americans of 22.0 cases per 100,000 was 44 times greater than the rate for White Americans.

4 FTEs)

the United States as Elimination of Syphilis State and local health partners throughout the approach, which will development and

Know your HIV Status Campaign (\$9.5 million and 5 FTEs)

Advances in HIV prevention and treatment make it more important than ever before for people to learn their HIV status. HIV testing provides a critical avenue to reach individuals at risk with prevention counseling and services, as well as to link infected individuals with needed care. This campaign will aim to increase the number of people who know their HIV infection status, particularly among those at high risk for infection

and within communities of color; develop appropriate referrals and prevention/care interventions for those infected; and decrease the stigma associated with HIV infection. Outreach projects in a variety of settings, including basic social systems (such as businesses, religious organizations, schools, etc), medical institutions and criminal justice facilities will be initiated.

Section 317 Vaccine Purchase (\$60.0 million and 0 FTEs)

The Advisory Committee on Immunization Practices (ACIP) continues to recommend new and combined vaccines and expand current recommendations to further protect the health of our nation's children.

Changes in FY 2000 include licensure and subsequent recommendation for routine use of rotavirus vaccine. Other recent immunization schedule changes include routine use of varicella

vaccine and catch-up vaccinations for hepatitis B and the second dose of MMR for adolescents who have not previously received the complete series. The ACIP has also recommended catch-up of all children kindergarten through 12th grade who had not previously received a second dose of MMR. More recent changes include expanding coverage for varicella vaccine to include susceptible children through 18 years of age and expanding coverage for hepatitis B vaccine to include all children through 18 years of age.

Widespread use of the rotavirus vaccine is expected to prevent 1.5 million cases of rotavirus diarrhea, up to 55,000 hospitalizations and 20-40 deaths annually.

IV. Work with Partners To Improve Global Health (\$17 million and 15 FTEs)

Global Polio Eradication (\$17.0 and 15 FTEs)

CDC will assist in bringing to a successful conclusion the global polio eradication effort by targeting immunization and surveillance activities toward the most difficult and war torn countries in Africa. Adequate surveillance for acute flaccid paralysis has not been established or maintained in many polio-endemic countries. Assistance will include training, operational research, assignment of short- and long-term consultants to WHO and national EPI offices to ensure capability to gather and analyze evaluation data.

PHYSICIAN COMPENSATION ALLOWANCE

The FY 2000 budget for HHS includes a physician compensation payroll policy of 6 percent growth per year. In effect, the policy guideline means that physician payroll in HHS would be held to 6 percent annual growth in FY 2000 and future years.

CHIEF FINANCIAL OFFICER (CFO) FY 1997 AUDIT REPORT

During FY 1998, CDC welcomed the opportunity to address the issues identified in our first audit B the FY 1997 audit. Despite challenges, including the fact that the FY 1997 audit was not completed until midway through FY 1998, CDC managed to address many of the audit issues. CDC expects that several issues will be resolved entirely including the reconciliation of personal property records to the general ledger, the monitoring of all Single Audit reports from grantees, and segregating data base administration and financial accounting system duties. CDC made significant progress on several other issues. For instance, CDC worked closely with HHS staff to develop a suitable methodology for accruing year-end grant expenses. The auditors are currently reviewing that methodology. CDC has also made progress in the area of reimbursable accounting. CDC will not be certain of the audit issues that remain until the audit opinion is received in February 1999. The agency continues to welcome the opportunity to improve accounting practices. CDC management remains committed to obtaining a clean audit opinion and firmly believes that it is important to follow proper accounting procedures and principles.

YEAR 2000 COMPLIANCE STATUS

CDC's Year 2000 project is proceeding on schedule. All 229 major information systems have been remediated and greater than 90% have been independently validated and verified and placed into production operation. Work proceeds on assessing and remediating devices with embedded microchips including the IT infrastructure, laboratory equipment, PCs and servers, telecommunication devices, building and facility infrastructure. Agency funding in FY 2000 will be used for final phases of Year 2000 preparation including implementation of certain portions of the agency's contingency plan, such as conducting extensive testing on January 1, 2000 and taking emergency actions to address any problems found.

CONCLUSION

CDC's FY 2000 budget represents an effort to confront new public health challenges. CDC will continue to focus on new priority areas as they emerge thus continuing to be a leader and pioneer in improving public health at home and across the globe.